

Mississippi Corporate Income and Franchise Tax Return 2000

WCA

For Year Beginning and Ending ⁹ Business Activity Code Number: (Mississippi Activity)

Name		Telephone		Federal I. D. Number	
Mailing Address					
City	State	Zip +4	County Code		

FILING STATUS

Check All That Apply:	<input type="checkbox"/> Final Return (File Form 83-375)	<input type="checkbox"/> Amended Return (See instructions for NOL Carrybacks)	<input type="checkbox"/> Short Year Return	<input type="checkbox"/> Address Change (See Instructions) Instructions
Check One:	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> LLC Reporting as a Corporation	<input type="checkbox"/> Other: _____	

FRANCHISE AND INCOME TAX

1. Taxable Capital (From Form 83-110, Line 18)	1	\$	<input style="width: 90%;" type="text"/>
2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25.			<input style="width: 90%;" type="text"/>
3. Indicate by checking the appropriate block if this corporation is included in a Mississippi Consolidated or Combined Income Tax Return.			
<input type="checkbox"/> Consolidated (Sec. 27-7-37(2)(a)(i))	If checked, enter Name and FEIN of the		
<input type="checkbox"/> Combined (Sec. 27-7-37(2)(a)(ii))	Reporting corporation below:		
Name <input style="width: 450px;" type="text"/>	5	\$	<input style="width: 150px;" type="text"/>
Round All Amounts to the Nearest Dollar			
4. Mississippi Net Taxable Income (If Loss, enter Zero) (From Form 83-122, Line 27 or Form 83-310, Line 3)	6	\$	<input style="width: 150px;" type="text"/>
5. Total Income Tax (See Instructions)			<input style="width: 150px;" type="text"/>
6a. Ad Valorem Tax Credit (From Form 83-401, Sch. A or Form 83-310, Column B, Line 3a)	22	\$	<input style="width: 150px;" type="text"/>
6b. Other Credits (From Form 83-401, Line H or Form 83-310, Column B, Line 3b)			<input style="width: 150px;" type="text"/>
7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b)			<input style="width: 150px;" type="text"/>
8. Total Franchise and Income Tax Due (Line 2 Plus Line 7)			<input style="width: 150px;" type="text"/>
9. Interest and Penalty on Underestimated Income Tax Payments (Attach Form 83-305)	26	\$	<input style="width: 150px;" type="text"/>
10. Total of Lines 8 and 9			<input style="width: 150px;" type="text"/>

PAYMENTS and TAX DUE

11. Overpayments from Prior Year.			<input style="width: 90%;" type="text"/>
12. Estimated Tax Payment and Payments with Extension.			<input style="width: 90%;" type="text"/>
13. Total Payments (Line 11 Plus Line 12)			<input style="width: 90%;" type="text"/>
14. If Line 10 is Larger than Line 13, Enter Balance Due (Line 10 Minus Line 13)			<input style="width: 90%;" type="text"/>
15. Late Payment- Interest @ 1% Per Month and Penalty @ 1/2% Per Month (See Instructions)	29	\$	<input style="width: 150px;" type="text"/>
16. Amount Paid with this Return (Line 14 plus Line 15) AMOUNT PAID	31	\$	<input style="width: 150px;" type="text"/>
17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment (Line 13 minus Line 10)			<input style="width: 150px;" type="text"/>
18. Amount of Overpayment (Line 17) to be Refunded REFUND	33	\$	<input style="width: 150px;" type="text"/>
19. Amount of Overpayment (Line 17) to be Credited to Next Year	34	\$	<input style="width: 150px;" type="text"/>

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Mail To: **Office of Revenue**
P.O. Box 23050
Jackson, MS 39225-3050

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone_____
Paid Preparer's Signature_____
Date_____
Preparer's Social Security Number or PTIN()
Preparer's Telephone Number_____
Firm's Name (or yours if self-employed) and Address_____
ZIP Code_____
Paid Firm's Identification Number or PTIN

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Corporate Information

1. DBA _____ 2. County locations in Mississippi. _____
3. Principal business activity in Mississippi. _____ 4. Principal business activity everywhere. _____
5. Principal product or service in Mississippi. _____ 6. Principal product or service everywhere. _____
7. Contact person for this return. _____ 8. Contact person's location and phone. _____
9. If amended return, check reason: _____ ()

- ☐ Mississippi correction only ☐ Amended Federal Form 1120X or Form 1139 (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: _____

10. If final return, check reason and enter date effective: _____ Date _____
- ☐ Dissolving Mississippi Corporation ☐ Withdrawing Non-Mississippi Corporation from State ☐ Sold MS Assets ☐ Merged
- ☐ Other : _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address

FEIN _____

Phone () _____

Former owner's forwarding address

Phone () _____

- 11a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?
If Yes, attach Mississippi Form K-1(s). ☐ Yes ☐ No
- 11b. Is this corporation the owner/member of a single member LLC doing business in Mississippi? ☐ Yes ☐ No
12. Has the corporation filed amended federal returns in the last three years?
If Yes, list years _____ ☐ Yes ☐ No
13. Has the IRS made any changes to your taxable income in the last three years?
If Yes, list years _____ ☐ Yes ☐ No
14. If Line 12 and/or Line 13 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes ☐ No

List of Officers - This Schedule MUST be Completed

President: Name and Home Address _____ _____	Social Security Number _____	Ownership Percentage %
	Salary _____	
Vice President: Name and Home Address _____ _____	Social Security Number _____	Ownership Percentage %
	Salary _____	
Treasurer: Name and Home Address _____ _____	Social Security Number _____	Ownership Percentage %
	Salary _____	
Secretary: Name and Home Address _____ _____	Social Security Number _____	Ownership Percentage %
	Salary _____	